

FEC FORM 2
STATEMENT OF CANDIDACY

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PAGE 1 / 2

12 MAY 10 AM 10:50

1. (a) Name of Candidate (in full) Al Franken		
(b) Address (number and street) P.O. Box 583144		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Minneapolis MN 55458		2. Candidate's FEC Identification Number S8MN00438
4. Party Affiliation DEMOCRATIC-FARM-LABOR		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
5. Office Sought Senate		6. State & District of Candidate MN 00

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2014 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Al Franken for Senate 2014		
(b) Address (number and street) P.O. Box 583144		
(c) City, State, and ZIP Code Minneapolis MN 55458		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES


(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Franken MVPs		
(b) Address (number and street) PO Box 583144		
(c) City, State, and ZIP Code Minneapolis MN 55458		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Al Franken 	Date 05/07/2012
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Minnesota Senate Victory 2014

(b) Address (number and street)

PO Box 583144

(c) City, State and ZIP Code

Minneapolis

MN

55458

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Progressive Victory 2012

(b) Address (number and street)

PO Box 583144

(c) City, State and ZIP Code

Minneapolis

MN

55458

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ADDITIONAL]

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

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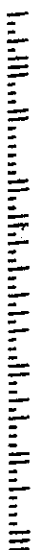
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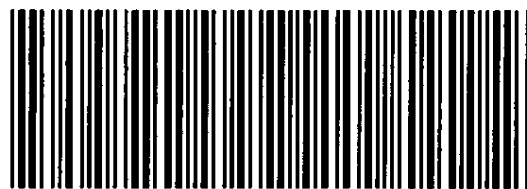
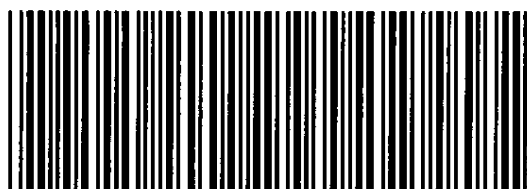
PREPARER

RD

DATE PREPARED

05-10-12

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